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BY-LAWS,
RULES AND REGULATIONS
OF THE
DISTRICT MEDICAL SOCIETY
FOR THE COUNTY OF SUSSEX.

PUBLISHED BY ORDER OF THE SOCIETY.

REGISTERED JULY 12 - 1867
NEWTON, N. J.,
PRINTED BY B. B. EDSALL & CO., "SUSSEX REGISTER" OFFICE.

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Society, Museum

BY-LAWS,

RULES AND REGULATIONS

OF THE

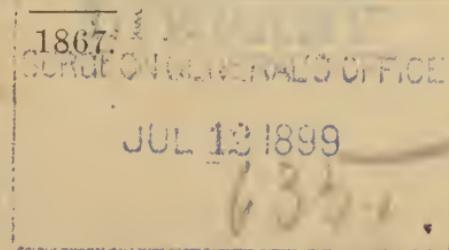
DISTRICT MEDICAL SOCIETY

FOR THE COUNTY OF SUSSEX.

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BY-LAWS AND RULES OF ORDER
OF THE
DISTRICT MEDICAL SOCIETY
FOR THE COUNTY OF SUSSEX.

REVISED JUNE 18th, 1867.

ARTICLE 1. This Society shall be styled "THE DISTRICT MEDICAL SOCIETY FOR THE COUNTY OF SUSSEX," and shall be composed of at least five persons, residents of said county, and holding the degree of M. D., according to the act incorporating "The Medical Society of New-Jersey," which took effect on the fourth Tuesday of January, 1866; *provided*, that any person who was a member in good standing of this Society prior to the passage of said act, shall retain his membership.

ART. 2. The officers of this Society shall consist of a President, a Vice President, a Secretary, and a Treasurer, who shall hold their offices for one year and until their successors shall have been elected.

ART. 3. The President shall perform all the customary duties appertaining to that office in voluntary societies, and such others as may be hereinafter prescribed. He shall open the annual meetings of the Society with an essay upon some subject connected with the medical science or art, or a written clinical report of disease.

ART. 4. In the absence of the President, the Vice President shall perform all his duties; when both these officers shall be absent, a President *pro tempore* shall be appointed.

ART. 5. The Secretary shall keep minutes of each meeting, and record them, when approved, in a book of records, and shall perform all the customary dnties of a Secretary, and such others as may be herein prescribed. He shall send to the Recording Secretary of the State Society, on or before the third Tuesday of May annually, a certificate containing the names and post office address of each member of this Society, and the names of the persons appointed to represent it in the Medical Society of New Jersey.

ART. 6. The Treasurer shall collect all the moneys due this Society, and disburse the same, agreeably to its orders, as certified by the presiding officer. He shall keep in a book for that purpose, a regular account of his receipts and disbursements, and report the same, together with the balance between them, at the annual meeting, or oftener, if the Society demand, and shall deliver to his successor all books, papers or moneys, in his hands, as the property of the Society. He shall, either personally or by the hands of the delegates, pay to the Treasurer of the State Society, on or immediately before its annual meeting, the amount assessed by it upon this Society, giving said assessment precedence over all other appropriations.

ART. 7. The annual meetings of this Society shall be held at Newton, *on the second Tuesday of June*, at the hour and place designated by the Society. Occasional meetings shall be called by the President upon the written request of three members, or when ordered by the Society. Notice of the time and place of every meeting, signed by the President and Secretary, shall be published in the county papers for two weeks previous to the meeting.

ART. 8. All the officers of the Society shall be elected by ballot, by a majority of those present; but if, on the first ballot, no one shall have a majority of the votes for any office, the highest two shall remain on nomination, to be balloted for.

ART. 9. Every member, on his admission, shall pay an initiation fee of *two dollars*, and in each subsequent year such sums as a majority of two-thirds present shall assess upon the members.

ART. 10. Five members shall constitute a quorum.

ART. 11. One member shall be appointed at each annual meeting, to hold office until the appointment of his successor, who shall furnish in writing to the Chairman of the Standing Committee of the State Society, on or before the first day of May, annually, whatever information may be attainable within the bounds of this Society, relative to the subject matters of the report of said Standing Committee.

ART. 12. Two or more members shall be annually appointed to make a written report to the Society, at its next annual meeting, of the prevalent diseases of the different seasons, and their requisite treatment, and of such other interesting facts pertaining to medical science as they may have learned.

ART. 13. An essayist shall be annually appointed, whose subject shall be assigned to him by the Society; and his essay shall be read at the annual meeting or at a special meeting called for the purpose. It shall be a point of honor with all the members to prepare themselves for a full discussion of the said subject at the time of the reading of the essay.

ART. 14. If any member inexcusably absent himself from any meeting, or neglect any duty assigned to him, he shall be fined one dollar.

ART. 15. If the reporter to the State Society, or a delegate thereto, inexensably neglect his duty, he shall be fined five dollars.

ART. 16. Certificates of membership, signed by the President and Secretary, shall, when required, be issned to those entitled to them.

ART. 17. No one shall be entitled to a certificate of membership or to a vote on any question, while in arrears to the Society.

ART. 18. The Society, by a vote of three-fourths present, may suspend or expel a member; *provided*, that such member shall have had due notice of, and a fair opportunity for defence against, the charge preferred.

ART. 19. It shall be considered censurable and dishonorable for a member to hold professional intercourse with any resident practitioner who wilfully neglects to apply for membership in this Society, or who has been justly refused admission, or with any irregularly bred pretender to medical science, or any expelled member of any affiliated society, or to violate the code of ethics of this Society, or its fee bill, or to disclose such of its confidential proceedings as have reference to the professional character and standing of any of its members.

ART. 20. The Code of Ethics of the American Medical Association, and the Fee Bill of this Society shall be a part of these By-Laws.

ART. 21. No member shall prescribe for any person, or his family, who refuses or persistently neglects to pay for professional services that shall have been rendered to him or his family, by another member, *provided* that he shall have received written notice of such refusal or neglect, from the member thereby defrauded.

ART. 22. It shall be deemed censurable and highly derogatory to professional character, for a member in any way to further the use of means for preventing conception, or, without counsel, to prescribe any emmenagogue, where the fact of pregnancy may or ought to be suspected, or to neglect to use any available means of resuscitating the suspended animation of a new-born infant.

ART. 23. Any member who shall undertake any obstetrical operation or any other interference with gestation, which will probably destroy the viability of the foetus, without the sanction of another practitioner recognized by this Society, shall be publicly expelled from it; *provided*, that if the circumstances of the case were, in the Society's judgment, incompatible with obtaining such sanction, he shall not be so expelled.

ART. 24. The delegates of this Society to any Medical

Society or Convention shall have power to fill vacancies in their delegation, and this rule shall be embodied in their certificate of delegation.

ART. 25. The rules of order in general use in public assemblies shall govern this Society, except as otherwise specified in the By-Laws.

ART. 26. The following shall be the order of business at the annual meeting, viz:

1. Calling the roll.
2. Reading of the minutes of the last annual and the intervening meetings.
3. President's opening exercise.
4. Recess.
5. Collection of dues.
6. Reports.
7. Volunteer communications.
8. Making appointments.
9. Miscellaneous business.
10. Election of officers.
11. Adjournment.

The roll shall also be called at the beginning of all special meetings. This order may be suspended by the Society.

ART. 27. These By-Laws may be amended by a majority of two-thirds of those present at any annual meeting or meeting called expressly for that purpose.

CODE OF ETHICS
OF THE NATIONAL MEDICAL ASSOCIATION :
ADOPTED ALSO BY
THE MEDICAL SOCIETY OF NEW-JERSEY, AND THE
DISTRICT MEDICAL SOCIETY FOR THE
COUNTY OF SUSSEX.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unrewarded diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes, alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things; for the practice of physic requires the unremit-

ting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, an unclouded head, may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements or private cards or hand-bills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or to suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to produce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument or medicine, or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of any efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—Professional services of physicians to each other

§ 1. All practitioners of medicine, their wives and their children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease, is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Un-

der such circumstances medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such masked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined: for no pecuniary obligation ought to be imposed which the party receiving it would not wish to incur.

ART. III.—Of the duties of physicians as respects vicarious offices.

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties. In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—Of the duties of physicians in regard to consultations.

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient

is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations, no rivalship or jealousy should be indulged; candor, probity, and all due respect should be exercised toward the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and with their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first: and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation, and the reason for it, ought to be carefully detailed at the next meeting in consulta-

tion. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in cases of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing adn under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time; for there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice, which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

§. Should any irreconcileable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on both sides, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case,

and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But, in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in a minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion of both time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—Duties of Physicians in cases of Interference.

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under

the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit: for it often happens that patients become dissatisfied when they do not experience immediate relief, and as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance

that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future directions, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery, is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between Physicians.*

§ 1. Diversity of opinion, and opposition of interests, may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

§ 2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII. *Of pecuniary acknowledgments.*

Some general rules should be adopted by the faculty in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

FEE BILL
OF THE
DISTRICT MEDICAL SOCIETY
FOR THE COUNTY OF SUSSEX.

ADOPTED JUNE 18th, 1867.

OFFICE AND MISCELLANEOUS BUSINESS.

Verbal advice in office is discretionary with the practitioner.

Advice by letter, discretionary,	
Opinion in Medical Jurisprudence,	\$5 00
Certificate as family physician, in life insurance,	1 00
Certificate for beneficial societies,	1 00
Dividing gums,	0 50
Leeching, besides leeches,	1 00
Cupping,	1 00
Venesection,	1 00
Vaccination of one person at office,	1 00
Additional for other persons on one account,	0 50
Secondary do.,	1 00

Besides fees for all visits, and mileage in addition, if practitioner choose to charge it.

Examination of chest,	1 00
" womb or rectum,	1 00
Specular examination of ditto first time,	3 00
" " subsequently,	1 00
Instrumental examination of eye or ear,	1 00
Application to or minor operation on throat, eye, or ear,	1 00
Application to womb or rectum, besides fee for spec- cular examination,	1 00

These charges apply only to cases demanded by the friends of deceased or the public authorities. When physicians and friends both desire a post-mortem, the fees are left discretionary.

Catheterism,	1 00
Use of stomach pump,	10 00
Production of full general anaesthesia,	5 00
" partial or local "	1 00

GENERAL PRACTICE.

Ordinary visit,	\$1 00
If the distance exceeds a mile, add per mile,	0 25
Visits in haste or under peculiar circumstances, to be charged higher.	
Prescriptions for other patients in a family, at same time, each,	0 50
Visits after 10 o'clock, P. M., and before sunrise to be double.	
Attendance all night,	2 00 to 5 00
Detention beyond time for ordinary visit, between sunrise and 10 o'clock P. M., per hour,	1 00
Visit in small-pox to be double.	
Consultation visit,	5 00
Subsequent “	2 50

Mileage in consultations discretionary. The attending physician is privileged to charge the consultation fee.

MIDWIFERY.

Ordinary obstetrical case,	6 00
Delivery of placenta only,	6 00
Attendance in abortion,	6 00
<i>Laborious</i> attendance over six hours, additional per hour,	1 00
Version, forceps, or vectis,	10 00
Extreme preternatural or instrumental case,	20 00

Twins,	10 00
Consultation in obstetrics, (mileage discretionary,) Visit when called too late, half price, (mileage discretionary.)	6 00

SURGERY.

Simple fracture of Humerus,	10 00
" " Ulna and Radius,	10 00
" " Femur,	20 00
" " Tibia and Fibula,	15 00
" " Olecranon or Patella,	10 00
" " Radius, (Colles,)	10 00
" " Fingers or Toes,	3 00
" " Clavicle,	10 00
" " Lower Jaw,	10 00
" " Nose,	5 00
Luxation of Femur,	20 00
" " Knee,	10 00
" " Patella,	5 00
" " Ankle,	5 00
" " Humerus, Elbow, or Wrist,	5 00
" " Jaw,	5 00
" " Fingers and Toes,	3 00

Luxations or fractures of both limbs to be in proportion. Compound ditto, one-half more than simple, besides the daily dressings to be proportionate to injury. Subsequent visits in simple fractures to be charged at the rates for ordinary visits.

Amputations and all other surgical operations shall be regulated by the fee bill of the State Society, which bill is also to be considered as the maximum rate of charge in all cases, whilst the specifications in the bill of this Society shall be considered as the minimum.

The rates for all persons not directly or indirectly responsible under the laws of the State, or for members of their families, shall be discretionary with each practitioner.

An Eleemosynary Institution maintained by the public authorities is not to be served by contract, except it employ a resident physician, but is to be considered as a single family, and charged accordingly.

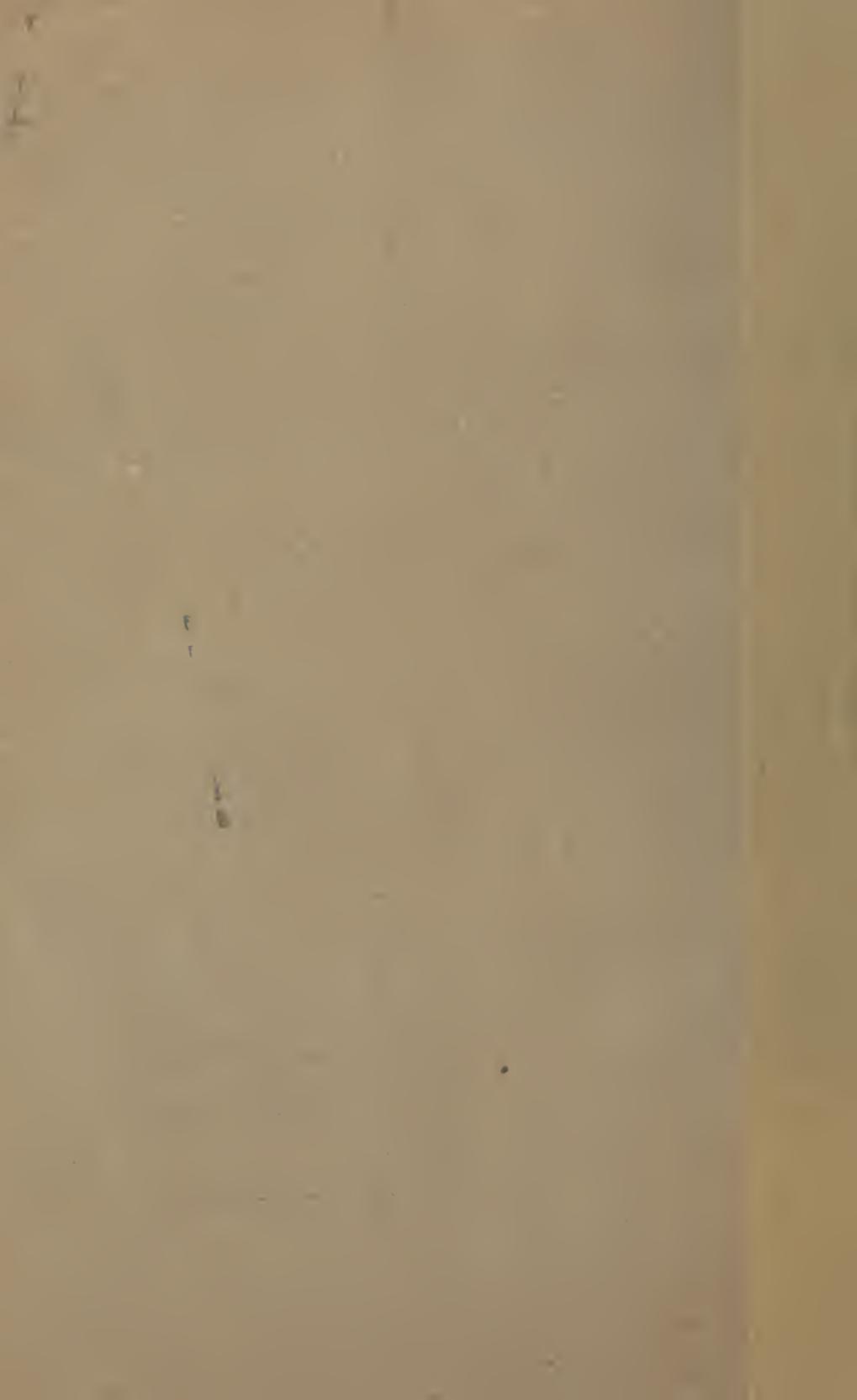
No member shall make any contract for his professional services with an individual, or private firm, or corporation, by the day, week, month, or year, nor on any terms inconsistent with this fee bill.

Any number of visits in a day shall be charged at the

foregoing rates, since cases requiring extra visitations involve unusual responsibility, and the extra visits must generally be made at inconvenient hours.

The rates for medicines furnished shall be discretionary with each practitioner.

It is earnestly recommended to each practitioner to present his bills for professional services, at least once in six months.



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